



Healthy Start Data Management Office HMS Duplication Resolution Request Form

Date: _____

HS Provider making request: _____

HS Staff/Manager making request: _____ Contact information: _____

Client 1:

Name: _____ DOB: ____/____/____

Gender: (Male) or (Female) HMS Status: Active or Non-Active

Address: _____

Record Locator (Provider who has CC): _____

Client 2:

Name: _____ DOB: ____/____/____

Gender: (Male) or (Female) HMS Status: Active or Non-Active

Address: _____

Record Locator (Provider who has CC): _____

Please identify with an ***(Asterisk)** the client in which you prefer the data/information to be merged into and when searching will display in the HMS search field.

Please note that the merging of a client's file in HMS is permanent and can not be undone. Ensure you have reviewed the 2 clients HMS file prior to submitting this request.

Please note that the request will be completed within 3-5 working days from the date of receipt by the Health Department. You will receive confirmation upon completion of the request.

Please ensure that this form is forwarded to the Miami-Dade County Health Department's Healthy Start Data Management Office. You may fax to 305-234-2263 and the form attention to: Management Review Specialist.



Healthy Start Data Management Office HMS Duplication Resolution Procedure

Purpose:

To develop and implement a uniform Duplication Resolution policy/process for Non-CHD Healthy Start Providers in HMS.

Policy:

To ensure client duplication entries will be acknowledged, addressed and tracked for resolution by the Miami-Dade County Health Department, Healthy Start Data Management Office.

Scope:

All Non-County Health Department, Healthy Start Providers

Reference:

Health Management Systems Policies and Procedures

Procedure:

Whenever a staff member carefully identifies a possible duplication, the following procedure will be used:

1. Complete the HMS Duplication Resolution Request Form.
2. Provide the client's full name, date of birth (DOB), gender, address and record locator.
3. Identify with an * (asterisk) which client should be the primary one with the data merged into.
4. Fax request form to the Healthy Start Data Management Office, Attention - Management Review Specialist at 305-234-2263.
5. If the Healthy Start Data Management Office is unable to resolve the duplication; the provider who initiated the request will be contacted and advised of the problem.
6. Upon notification of a problem with the request, the Healthy Start Provider shall research the record and resubmit request to the Florida Department of Health in Miami-Dade County, Healthy Start Data Management Office.